



Appeal and Pre-Hearing Questionnaire

Please type or print clearly when completing this form and be as specific and detailed as possible in answering all questions. The more details you provide, the better the VCF is able to prepare in advance for your hearing.

If you prefer to type your answers into a Word version of this document, [click here](#).

Claimant Name: _____

Claim Number: VCF _____

Name of individual completing this Questionnaire (if not the Claimant):

Relationship to Claimant: _____

Signature: _____

Today's Date: _____

1. What are the subjects of your appeal? Please be as detailed as possible to enable us to fully prepare for the appeal.

Please review the list below and check all that apply. Please provide additional details for checked items.

- | | |
|---|---|
| <input type="checkbox"/> Presence at Site | <input type="checkbox"/> Conditions Not Found Eligible. Specify conditions/
injuries appealing:
_____ |
| <input type="checkbox"/> Economic Loss | _____ |
| <input type="checkbox"/> Non-Economic Loss | _____ |
| <input type="checkbox"/> Collateral Offsets | <input type="checkbox"/> Other (please specify): _____ |
| | _____ |

What specific information do you plan to provide regarding the item(s) checked above?

2. If you are appealing because you want the VCF to consider injuries or conditions that were not previously found eligible, have the physician(s) treating you for the condition(s) already completed and submitted the VCF's exposure and medical forms?

- ☐ Yes. The physician(s) has completed and submitted the exposure and medical forms.
- ☐ No. The physician(s) has not completed and submitted the exposure and medical forms. *STOP! If you select this option, you have finished completing this form and do not need to answer any of the questions below. The VCF will contact you with information on the next steps required for your claim.*
- ☐ Do not know if the physician(s) has completed and submitted the forms.
- ☐ Not Applicable. I am appealing for other reasons.

3. Please select from the options below to indicate your preference for how and where the appeal will be conducted.

- ☐ In-person hearing – New York City
- ☐ In-person hearing – Washington, DC
- ☐ Hearing by telephone
- ☐ I want to appeal but do not want to have a hearing. I want to submit my appeal on paper. *NOTE: If you select this option, you have finished completing this form and do not need to answer any of the questions below. You should submit any additional documents to the VCF using the online claims system or by mailing them to the VCF at the address at the end of this document. The VCF will contact you with information on the next steps required for your claim.*

4. Who will be participating in the hearing and what is each participant's relationship to the Claimant?

Full Name	Relationship to Claimant

5. **Do you have additional documentation you have not yet submitted to the Fund that you plan to rely upon to support your argument? What type of documentation do you plan to submit?**

6. **Do you need any special equipment for the hearing (e.g. projector, speaker phone)?**

7. **Do you have any other special needs or requirements specific to your hearing?**

Please return this form with your Claimant Award Decision Form by the **30 day deadline** to the VCF. If possible, please upload the forms to your online claim. If you cannot do so, you may mail the forms to:

September 11th Victim Compensation Fund
P.O. Box 34500
Washington, D.C. 20043

If you have any questions regarding this questionnaire, please call the toll-free Helpline at 1-855-885-1555. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-353-0356.